

**Political Organization  
Notice of Section 527 Status****Part I General Information**

1 Name of organization <b>FRIENDS OF PETER FRUSETTA 99</b>		Employer identification number <b>77 0304221</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>P.O. BOX 246</b>		
City or town, state, and ZIP code <b>TRES PINOS CA 95075</b>		
3 E-mail address of organization <b>NONE</b>		
4a Name of custodian of records <b>NATALIE BLANNING</b>	4b Custodian's address <b>921 11<sup>th</sup> ST #600</b> <b>SACRAMENTO, CA 95814</b>	
5a Name of contact person <b>SAME</b>	5b Contact person's address .....	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number ..... City or town, state, and ZIP code .....		

**Part II Purpose**

7 Describe the purpose of the organization

**FUND THE ELECTION OF STATE ASSEMBLYMAN**  
**PETER FRUSETTA**

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**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
<b>NONE</b>		



